

PATIENT TRANSFER AND TRANSPORT FORM
WALTER REED HEALTH CARE SYSTEM -- KIMBROUGH AMBULATORY CARE CENTER

1. Patient's name <i>(Last, First, Middle)</i>		2. Date		3. Time of EMS notification	
3. Address <i>(Street, City or Installation, Zip code)</i>					
4. Phone number		5. Social security number		6. Arrival time of patient	
7. Release time of patient		8. Clinic		9. Age	
10. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		11. Diagnosis			
12. Accepting facility		13. Accepting physician		14. Patient destination	
15. Date and time contacted		16. Nursing report called to		17. Priority <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	
18. Equipment requested <input type="checkbox"/> Oxygen <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> IV pump <input type="checkbox"/> Intubator <input type="checkbox"/> Medication (specify):					
19. Records sent <input type="checkbox"/> Original <input type="checkbox"/> Copy <input type="checkbox"/> Old records <input type="checkbox"/> Lab results (x-rays, EKG, etc.) <input type="checkbox"/> Lab results <input type="checkbox"/> Narrative summary					
20. Additional personnel to accompany patient <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> 91B, 91C, LPN <input type="checkbox"/> 91F <input type="checkbox"/> Family member					
21. Reason for transfer <input type="checkbox"/> Higher level of care required <input type="checkbox"/> Patient's request <input type="checkbox"/> Other (specify):					
22. Patient's condition <input type="checkbox"/> Critical <input type="checkbox"/> Serious <input type="checkbox"/> Stable					
23. Mode of transfer <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> CCT <input type="checkbox"/> Helicopter <input type="checkbox"/> PTV <input type="checkbox"/> POV					
24. Patient's status <input type="checkbox"/> Litter <input type="checkbox"/> Ambulance					
25. Patient's valuables and clothing (itemized):					
26. Disposition of patient's personal effects <input type="checkbox"/> Sent with patient <input type="checkbox"/> Released to (specify):					
27. Risks and benefits of transfer <i>(All transfers have inherent risks of delay due to traffic, weather, mechanical problems, and limitations of equipment and personnel which are a potential threat to the health, safety and possible survival of the patient.)</i>					
28. Risks of not transferring					
29. Patient's consent: The risks, benefits and reasons for transfer have been fully explained to me. I understand the explanation and agree to the transfer as proposed.					
30a. Signature of patient or representative				30b. Date	
31a. Signature of witness				31b. Date	
32a. Signature of patient or representative				32b. Date	

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Previous editions are obsolete